

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 11078	2 Fiscal Year Covered From 1 / 1 / 004 Through 12 / 31 / 2004
3 Name and address of person filing Name RYAN SHERARD P O Box Bldg Room No if any Street 710 E COMMONWEALTH AVE City FULLERTON State California ZIP Code + 4 92831	4 Name file number and address of labor organization Name GRAPHIC COMMUNICATIONS UNION D C #2 Labor Organization File Number 044 243 P O Box Building and Room Number if any Street 710 E COMMONWEALTH AVE City FULLERTON State California ZIP Code + 4 92831
5 Position in labor organization PRESIDENT	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed	On 8/12/05	714 447-3382
	Date	Telephone Number

Name of Person Filing RYAN SHERARD	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name PS & PAPER PRODUCTS HEALTH & WELFARE TRUST</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4399 SANTA ANITA AVENUE, SUITE 150</p> <p>City EL MONTE</p> <p>State California ZIP Code + 4 91731</p>	<p>11.a. Nature of such dealing.</p> <p>TRUSTEE EXPENSE REIMBURSEMENT, MEALS, ETC.</p>
	<p>11.b. Approximate dollar value of such dealing. \$2,036</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name MIKE SCHUMACHER</p> <p>Trade Name, if any: ASSOCIATED 3RD PARTY ADMINISTRATOR</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4399 SANTA ANITA AVENUE, SUITE 150</p> <p>City EL MONTE</p> <p>State California ZIP Code + 4 91731</p>	<p>14.a. Nature of payment.</p> <p>BOX OF CIGARS</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment. \$100</p>

RYAN SHERARD

- B. 9b. Trust
 - 10. Western States Income Security Fund
4399 Santa Anita Ave., Suite 150
El Monte, CA 91731
 - 11a. Trustee expense reimbursement, meals
 - 11b. \$86.00
- C. 13a. Miller, Kaplan, Arase and Co.
4123 Lankershim Blvd.
N. Hollywood, CA 91602
 - 13b. Accountant
 - 14a. Tickets to Dodger game
 - 14b. \$200.00
- C. 13a. Smurfit-Stone
13833 E. Freeway Drive
Santa Fe Springs, CA 90670
 - 13a. Employer
 - 14a. Moving Boxes
 - 14b. \$30.00